

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90028 040 \*\*\*\*61.25

**DOCUMENT # 709186**

1. Entity Name  
**LAKE WALES SCHOOL BAND ASSOCIATION, INC.**



Principal Place of Business  
**1 HIGHLANDER WAY  
LAKE WALES, FL 33853**

Mailing Address  
**P O BOX 1195  
LAKE WALES, FL 33859-1195 US**

400000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6161525**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUGH, MELODIE T  
739 OSCEOLA AVE  
LAKE WALES, FL 33853**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **D SWEENEY, GAIL**  
STREET ADDRESS **1060 CAMPBELL AVE.**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☒ Delete  
NAME **T WEIKERT, ROBERT E**  
STREET ADDRESS **21399 HWY 27**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE ☒ Delete  
NAME **VP WHANN, PENNY**  
STREET ADDRESS **1100 DOGWOOD LANE**  
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE ☒ Delete  
NAME **S ALLEN, KARLA**  
STREET ADDRESS **7731 KIMBREL ROAD**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☒ Delete  
NAME **P MCCOY, LOU ANN**  
STREET ADDRESS **340 JEFFERSON ST**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE ☐ Delete  
NAME **T PUGH, MELODIE**  
STREET ADDRESS **739 OSCEOLA AVE**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **P Arthur Balliett**  
STREET ADDRESS **2670 Panther Pass**  
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE ☐ Change ☒ Addition  
NAME **V Joseph Caranij**  
STREET ADDRESS **6053 Amareyilis Drive**  
CITY-ST-ZIP **Indian Lake Estates, FL 33855**

TITLE ☐ Change ☒ Addition  
NAME **S Melody McKenna**  
STREET ADDRESS **3604 Red Oak Court**  
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-08 863-439-1551